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APPLICANTS

Paul W. Stiles, Annapolis, MD;
 Darrell Bruce McIndoe, Brookeville, MD;
 Mark Gregory Meyer, Denton, MD;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 09/12/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 24	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

WOLFF & KING, PLLC
 2111 EISENHOWER AVE.
 SUITE 402
 ALEXANDRIA, VA 22314

TITLE

TRAVEL INFORMATION METHOD AND ASSOCIATED SYSTEM

FILING FEE RECEIVED 557	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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